Schedule E)	APENDI	IUNES			PAGE 1 FOR SE OF	OF 107 FORM 24/48
NAME OF COMMITTEE (In Full)				FEC ID	ENTIFICATIO	N NUMBER ▼
Women Speak Out PAC				C	C00530766	
Check if 24-hour report X 48-hour report	New repo	rt Amends repo		/ M /	D D /	Y = Y = Y = Y
Full Name of Payee			Date	of Public	: Distribution/l	Dissemination
Carl Brent				10	01	2014
Mailing Address 6718 Lake Willow Dr			Amou	ınt		
City Sta	ate	Zip Code				80.00
1 '	A	70126			D : f0405a94 -rsement or O	5732-45b1-b
Purpose of Expenditure Salary		Category/ Type 001		10	01	2014
Name of Federal Candidate	l	Support	Office Sough	nt:	House I	District: 00
Ms. Mary L Landrieu		X Oppose	Presid		Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	14	11339.38	Disbursemer 2014		Primary ecify) ▶	X General
Full Name of Payee			Date	of Public	Distribution/	Dissemination
Carl Brent				10	01	2014
Mailing Address 6718 Lake Willow Dr			Amou	unt		
City Sta	ate	Zip Code	— r			9.60
1 '	.A	70126			cd7e5689-	28e9-4d11-b
Purpose of Expenditure Mileage		Category/ Type 002		10	01	2014
Name of Federal Candidate		Support	Office Sough	ht:	House	District: 00
Ms. Mary L Landrieu		X Oppose	Presid	lent >	S enate	State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursemen 2014	nt For: Other (sp	Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditures						89.60
					7	
(b) SUBTOTAL of Unitemized Independent Expenditures			· •	-		
(c) TOTAL Independent Expenditures			•	-	7	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	r authorized					
Ms. Emily Buchanan	[Electronic	cally Filed] Date	10	04	/ Y Y 201	4
Signature						

Schedule E)	ENT EXITEND	HONES	PAGE 2 FOR SE OF FO	OF 107 DRM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	YYYY
Full Name of Payee			Date of Public Distribution/Dis	semination
Elvis Spears			10 / 01 /	2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		50.00
New Orleans	LA	70119	Transaction ID: b7f7a3ae-3a Date of Disbursement or Obli	
Purpose of Expenditure Salary		Category/ Type 001	10 01	2014
Name of Federal Candidate		Support	Office Sought: House Dis	strict: 00
Ms. Mary L Landrieu		X Oppose		tate: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dis	ssemination
Elvis Spears			10 01	2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		5.55
New Orleans	LA	70119	Transaction ID : d9cd917a-84 Date of Disbursement or Obl	
Purpose of Expenditure Mileage		Category/ Type 002	10 01 /	2014
Name of Federal Candidate		Support	Office Sought: House Dis	strict: 00
Ms. Mary L Landrieu		Oppose	President Senate S	State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	141339.38	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			55.55
			7	
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 2014	Y
-				

Schedule E)	NOLFERDENT EXPEND	TIONES	<u> </u>	PAGE 3 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full				NTIFICATION NUMBER ▼
Women Speak Out Pa	AC		C co	00530766
Check if 24-hour report	X 48-hour report New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Elvis Spears			10 M 10	01 2014
Mailing Address 2150 Hope	St		Amount	
City	State	Zip Code		60.00
New Orleans	LA	70119		: b0a269f2-3482-45f4-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office	Sought	141339.38	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Elvis Spears			10	01 / 2014
Mailing Address 2150 Ho	pe St		Amount	
City	State	Zip Code		4.80
New Orleans	LA	70119		: 69a8c6d5-3bb8-46e0-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office	Sought	141339.38	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized I	ndependent Expenditures		•	64.80
(b) SUBTOTAL of Unitemize	d Independent Expenditures		>	
(c) TOTAL Independent Expe	enditures		•	4
with, or at the request or sug	ertify that the independent expenditures gestion of, any candidate or authorized party committee or its agent.			
Ms. Emily Buchan		nically Filed] Date	10 04	2014
Signature		_ · · · · · · · · · · · ·		

Schedule E)	JENT EXTEND	ITOTILO		PAGE 4 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Cynthia J Christmas			10 N	02 / 2014
Mailing Address 1731 Frenchmen St			Amount	
City	State	Zip Code		30.00
New Orleans	LA	70116		ID: 9c29a683-13ab-47f9-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	141339.38	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Cynthia J Christmas			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1731 Frenchmen St			Amount	
City	State	Zip Code		1.20
New Orleans	LA	70116		D: 7e899f06-30a0-487b-8 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures			31.20
			-	7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		· •	42
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	indidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 04	2014
=				

Schedule E)	-FLINDLINI EM END.	TOTILO		PAGE 5 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-ho	our report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Elvis Spears			10	/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		30.00
New Orleans	LA	70119		ID : ae215a12-89b8-4ff3-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	141339.38	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Elvis Spears			10 N	02 / 2014
Mailing Address 2150 Hope St			Amount	
City	State	Zip Code		1.20
New Orleans	LA	70119		D: 9152f57c-be59-45b0-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent	ent Expenditures		>	31.20
(b) SUBTOTAL of Unitemized Indeper	ndent Expenditures		· •	
(c) TOTAL Independent Expenditures.			· ·	4
Under penalty of perjury I certify that with, or at the request or suggestion c party committee) any political party co	of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	h 10 04	/ Y = Y = Y = Y = 2014
Signature		_ t i buto		

Schedule E)	. OI INDEI ENDEI	TI EXI END			PAGE 6 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
					M = M / D = D / Y = Y = Y
Check if 24-hour report	X 48-hour report	New rep	ort Amends repo	ort filed on	
Full Name of Payee Carla A Wells					of Public Distribution/Dissemination
Mailing Address 2013 W	oodwind Way			Amou	10 02 2014 unt
City		State	Zip Code	Total	10.00
Van Buren		NC	72956		saction ID: 7cd06992-b7da-4631-9 of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candid	late		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor			X Oppose	Presid	
Calendar Year-To-Da Per Election for Offi		, , ,	24660.54	Disbursemer 2014	nt For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Carla A Wells				_ r	M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 2013	Woodwind Way				10 02 2014
	•			Amo	unt
City		State	Zip Code		1.50
Van Buren		NC	72956	Trans Date	action ID: 5343d7fd-087f-44fc-a of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		10 02 2014
Name of Federal Candid	date		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor			Oppose	Presid	dent State: AR
Calendar Year-To-Da Per Election for Off		7 1 7	124660.54	Disburseme 2014	ont For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemize	ed Independent Expenditur	es		·· •	11.50
(b) SUBTOTAL of Uniter	nized Independent Expend	itures		·· •	
(c) TOTAL Independent E	Expenditures			·- •	7 1 7 1 7
with, or at the request or		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buc	chanan	[Electron	ically Filed] Date	e 10	04 2014
Signature					

Schedule E)	DEFENDENT EXPEND	TONES	PAGE 7 OF 107 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	_
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-	hour report New repo	ort Amends repo	rt filed on	Ī
Full Name of Payee			Date of Public Distribution/Dissemination	
Eric J Smith			10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4967 Dysartville			Amount	
City	State	Zip Code	80.00	٦
Morganton	NC	28655	Transaction ID : 664935bd-cc9d-430e-a Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	10 02 7 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	_
Calendar Year-To-Date Per Election for Office Sought	3	345688.99	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	al —
Full Name of Payee			Date of Public Distribution/Dissemination	
Jennifer E Smith			10 / 02 / 2014	Y
Mailing Address 4967 Dysartsvill	e Rd		Amount	
City	State	Zip Code	80.00	٦
Morganton	NC	28655	Transaction ID : b620bcd4-9bf5-4bd3-b Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	10 / 02 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	345688.99	Disbursement For: Primary X General 2014 Other (specify) ▶	al
(a) SUBTOTAL of Itemized Indeper	dent Expenditures		. ▶ 160.00	7
.,	·		7 7 7	-
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures		>	
(c) TOTAL Independent Expenditure	98			
	n of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political	
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 04 2014	

Morganton NC 28655 Transaction ID: db517aab-62c9-4c Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calegory/ Type Office Sought: House District: Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd Transaction ID: db517aab-62c9-4c Date of Disbursement or Obligation M M M O O2 Type OO2 Transaction ID: db517aab-62c9-4c Date of Disbursement or Obligation M M M O O2 Topose President Senate State: Disbursement For: Primary Other (specify) Date of Public Distribution/Dissemin M M M O O2 Amount	/48
Check if	ER ▼
Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd City State Zip Code Morganton NC 28655 Purpose of Expenditure Mileage Category/ Ms. Kay Hagan Support Senate State: Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Amount Date of Public Distribution/Dissemin. Amount Transaction ID: db517aab-62c9-40 Date of Disbursement or Obligation Morganton District: Support Office Sought: House District: Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd Amount	
Jennifer E Smith Mailing Address 4967 Dysartsville Rd Amount City State Zip Code Morganton NC 28655 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd Mailing Address 4967 Dysartsville Rd	Y Y
Mailing Address 4967 Dysartsville Rd Amount City Morganton NC 28655 Transaction ID: db517aab-62c9-4c Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Category/ Ms. Kay Hagan Support Oppose President Senate State: Catendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd	ıtion
City State Zip Code Morganton NC 28655 Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Amount	
Morganton NC 28655 Transaction ID: db517aab-62c9-4c Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd NC 28655 Transaction ID: db517aab-62c9-4c Date of Disbursement or Obligation M M M M M M M M M M M M M M M M M M M	
Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Date of Disbursement or Obligation M M M M M M M M M M M M M M M M M M M	7.50
Purpose of Expenditure Mileage Name of Federal Candidate	43-b
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd Support Office Sought Oppose President Senate State: Disbursement For: Primary 2014 Other (specify) ▶ Date of Public Distribution/Dissemin 10 Amount	
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd Disbursement For: Primary 2014 Other (specify) ▶ Date of Public Distribution/Dissemin Mailing Address 4967 Dysartsville Rd	00
Per Election for Office Sought 345688.99 Cother (specify) ▶ Full Name of Payee Jennifer E Smith Mailing Address 4967 Dysartsville Rd Amount	NC
Jennifer E Smith Mailing Address 4967 Dysartsville Rd Amount	eneral
Mailing Address 4967 Dysartsville Rd Amount	ation
Amount	4
City State Zin Code	
, Olato Elp 0000	.00
Morganton NC 28655 Transaction ID : c186a15f-9245-490 Date of Disbursement or Obligation	-a
Purpose of Expenditure Salary Category/ Type 001 10 02 7 201	1
Name of Federal Candidate Support Office Sought: House District: _	00
Ms. Kay Hagan	NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary ◯ Control of Con	eneral
(a) SUBTOTAL of Itemized Independent Expenditures	0
(a) SOBTOTAL OF Itemized Independent Expenditures	0
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or consultation, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a perparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 04 2014 Signature	

Schedule E)	IDENT EXICIO	ITORES	PAGE 9 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	ort Amends repo	rt filed on
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartsville Rd			10 02 2014
			Amount
City	State	Zip Code	7.50
Morganton	NC	28655	Transaction ID: ebd83dd4-2596-4b42-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 212 Stonecliff Dr			Amount
City	State	Zip Code	12.50
West Monro	LA	71291	Transaction ID : 79292c44-92e9-4cf1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		20.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •
(c) TOTAL Independent Expenditures			
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 04 2014
S.g.iataro			

Schedule E)	ENT EXILID	HONES	PAGE 10 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Carla K Pilgreen			10 / 02 / 2014
Mailing Address 212 Stonecliff Dr			Amount
City	State	Zip Code	1.92
West Monro	LA	71291	Transaction ID: 9459614f-e5ff-4f18-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 02 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Kindstedt			10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5510 Dogwood Dr			Amount
City	State	Zip Code	38.30
Winston Salem	NC	27105	Transaction ID : f359bf9c-7b8d-4701-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	345688.99	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		40.22
			7 7 7
(b) SUBTOTAL of Unitemized Independent Experience	enditures		•
(c) TOTAL Independent Expenditures			
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 2014
•			

Schedule E)	PAGE 11 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
James Kindstedt	of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr Amou	10 02 2014 unt
City State Zip Code	7.14
Winston Salem NC 27105 Trans	saction ID: db1f00b3-3ac5-4919-9 of Disbursement or Obligation
Purpose of Expenditure	M M / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan Presid	NO.
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nt For:
Caleb Crain	of Public Distribution/Dissemination
Mailing Address 1410 Bushville drive Amor	10 02 2014 unt
City State Zip Code	100.00
Lenoir NC 28645 Trans Date	action ID : fe299f4f-4edd-45fc-a of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan Presid	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	107.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Total	04 / 2014

Sch	edule E)		TONEO				PAGE 12 OF FOR SE OF FORM	107 24/48
	E OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUM	
Wo	omen Speak Out PAC					С	C00530766	
Char	k if 24-hour report X 48-hour report	New rep	art Amanda	a ranart	t filed on	- M /	D D / Y Y	YY
Ched	k if 24-hour report X 48-hour report X 1	new rep	ort Amends	s report	filed on			
	Full Name of Payee Joseph R Rys					of Public	Distribution/Dissemi	YYY
ī	Mailing Address 160 #50 Pompano Dr				Amou	nt		
	Dity State		Zip Code		- [40.00
- 1	New Bern NC		28560				D: ab5c0894-ee68-4	
	Purpose of Expenditure Salary		Category/ Type	001		10 /	D D / Y Y)14
1	Name of Federal Candidate		Supp	ort	Office Sough	t:	House District:	00
	Ms. Kay Hagan		Х Орро	ose	Preside	ent	Senate State:	NC
	Calendar Year-To-Date Per Election for Office Sought	3	345688.99		Disbursemen 2014 O		Primary X ecify) ▶	General
Г	Full Name of Payee				Date	of Public	Distribution/Dissem	nation
	Joseph R Rys				N.	10)14
Ī	Mailing Address 160 #50 Pompano Dr						تا لتا	
					Amou	nt		
	City State		Zip Code		T :			9.24
	New Bern NC		28560		Transa Date	ction II of Disbu	D: 43047917-8d9e-45 ursement or Obligatio	335-b n
	Purpose of Expenditure Mileage		Category/ Type	002		10 ^M		14
	Name of Federal Candidate		Supp	oort	Office Sough	t:	House District:	00
	Ms. Kay Hagan		X Oppo	ose	Presid	ent [Senate State:	NC
	Calendar Year-To-Date Per Election for Office Sought	7	345688.99		Disbursemer 2014		Primary ∑	General
(a) SUBTOTAL of Itemized Independent Expenditures				•	-	49	.24
(b	SUBTOTAL of Unitemized Independent Expenditures				.		7	
(c) TOTAL Independent Expenditures				· [
wi	nder penalty of perjury I certify that the independent expetth, or at the request or suggestion of, any candidate or autry committee) any political party committee or its agent.							
	Ms. Emily Buchanan	Electron	ically Filed]	Date	M = M /	04	/ Y Y Y Y Y 2014	
	Signature		_					

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Joanna Kindstedt	
Mailing Address 2134 Tobaccoville Rd Amount	02 2014
	00.00
	38.30 on ID : 1b43452e-ea06-44da-9 sbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 10	
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r:
Lorri Anderson	
Mailing Address 7214 Duchamp Dr Amount	02 2014
City State Zip Code	50.00
Charlotte NC 23215 Transaction Date of Di	n ID : 7efc09c8-52a6-4863-8 isbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 10	02 2014
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Kay Hagan	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditures	88.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	

Schedule E)	itti EXI EITE	TIONES	<u> </u>	PAGE 14 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lorri Anderson			10	02 / 2014
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		5.10
Charlotte	NC	23215		: 8f59b6de-d41a-4f7f-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	-, -,	345688.99	Disbursement For: 2014 Other (specific points)	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Timothy D Heitman			10	02 / 2014
Mailing Address 2520 Helmstetler Rd			Amount	
City	State	Zip Code		20.00
Lexington	NC	27295		: f503b059-8d56-4d8f-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	345688.99	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	ures			25.10
,,				7- 1-2-
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	7
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 04	2014

Schedule E)	.XI ENDITORIES	PAGE 15 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	New report Amends repo	rt filed on
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2		Amount
City St	ate Zip Code	60.00
	/A 22611	Transaction ID : c6edadba-ca28-4d23-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	141339.38	Disbursement For: Primary General
Full Name of Payee		Date of Public Distribution/Dissemination
Carol L Walters		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way		10 02 2017
		Amount
City	tate Zip Code	60.00
	AR 72916	Transaction ID : 49a75417-3453-4618-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / DDD / Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	124660.54	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	;	· •
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	r authorized committee or agent of	
Ms. Emily Buchanan	[Electronically Filed] Date	10 04 2014
Signature		

Schedule E)	PAGE 16 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on
Full Name of Payee Brenda L McCune	Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6	10 02 7 2014
	Amount
City State Zip Code	40.00
Conway AR 72032	Transaction ID: 7e6ad017-6c02-44d2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 02 7 2014
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Brenda L McCune	10 02 7 2014
Mailing Address 1254 Fleming St Apt 6	Amount
City State Zip Code	13.80
Conway AR 72032	Transaction ID : 4bab8844-fc12-4c8e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 02 / Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 124660.54	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	53.80
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	ENT EXICIO	TIONES	PAGE 17 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER V
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan J Sparks			10 / 02 / 2014
Mailing Address 915 East Market Ave			Amount
City	State	Zip Code	50.00
Searcy	AR	72149	Transaction ID : dd0abc4b-13c0-4b19-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	124660.54	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Dylan J Sparks			10 / 02 / 2014
Mailing Address 915 East Market Ave			Amount
City	State	Zip Code	43.20
Searcy	AR	72149	Transaction ID: 8f650051-5bc1-4057-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	124660.54	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures		93.20
			4 4
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· >
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concer f either, or (if the reporting entity is not a politica
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J			

Schedule E)	,	PAGE 18 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766
Check if 24-hour report X 48-hour report New report A	Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee	Date of Pub	lic Distribution/Dissemination
Jenna M Ledford	M 10	02 / 2014
Mailing Address 2279 Gouges Creek Rd	Amount	
City State Zip Code		50.00
Spruce Pine NC 28777		ID: 4b6587a6-df53-4bfa-9 pursement or Obligation
Purpose of Expenditure Salary Category Typ	y/ 001 M M	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 345688.99	Disbursement For: 2014 Other (s	Primary
Full Name of Payee	Date of Pub	lic Distribution/Dissemination
Jenna M Ledford	10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2279 Gouges Creek Rd	Amount	
City State Zip Code		22.80
Spruce Pine NC 28777		ID: 82afd499-e0f4-4101-b oursement or Obligation
Purpose of Expenditure Mileage Category Typ		02 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Kay Hagan	Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 345688	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	>	72.80
(b) SUBTOTAL of Unitemized Independent Expenditures		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures	······································	49.
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed] Signature	Date 10 04	2014

Schedule E)	IN EXIEND	ITORES	<u> </u>	PAGE 19 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Misty A Ledford			M = M /	Distribution/Dissemination
Mailing Address 44 Bell St			10	02 2014
		7: 0 1		50.00
City Spruce Pine	State NC	Zip Code 28777		50.00 : 4e8336d1-dc05-48c4-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 Date of Disputs	02 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	345688.99	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Misty A Ledford			M = M /	Distribution/Dissemination
Mailing Address 44 Bell St			10 Amount	02 2014
City	State	Zip Code		22.80
Spruce Pine	NC	28777		f36fb905-cd98-4541-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures		·	72.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
(c) TOTAL Independent Expenditures			•	7
			-9-	-75.
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 04	2014
3. 3				

Schedule E)	IN EXILIE	TIONES	PAGE 20 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			10 02 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	60.00
charlotte	NC	28227	Transaction ID : 9c1b6a4d-fc49-476d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			10 02 / Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	18.21
charlotte	NC	28227	Transaction ID : 27205528-04b2-4dd3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	141339.38	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		78.21
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Sch	nedule E)	EXI ENDI	TOTTLO				PAGE 21 OF 107 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	rt filed on	M = M	/ D = D / Y = Y = Y
	Full Name of Payee Benjamin L Heitman				Date	M = M	c Distribution/Dissemination
	Mailing Address 2520 Helmstetler Rd				Amo	10 ount	02 2014
	City St	tate	Zip Code		— F		20.00
- 1		NC	27295				ID: f9ab0aa1-1143-4178-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	02 / 2014
Ī	Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
	Ms. Kay Hagan			Oppose	Presi	·	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	45688.99		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Benjamin L Heitman Mailing Address 2520 Helmstetler Rd				Date	10 M	ic Distribution/Dissemination
ŀ	City	tate	Zip Code				6.30
		NC	27295		Trans Date	saction II	D: 7bcfdf02-99c2-4d4a-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10	02 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan		\times	Oppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1 1 7	345688.99	9	Disburseme 2014	ent For: Other (s _i	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				•	7	26.30
(k	o) SUBTOTAL of Unitemized Independent Expenditures	s			· • [
(0	c) TOTAL Independent Expenditures				· [1141141
W	nder penalty of perjury I certify that the independent of ith, or at the request or suggestion of, any candidate carty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	10	04	2014
	Signature						

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Judith A Murphy	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 37	nount
City State Zip Code	30.00
East Bend NC 27018 Tra	Insaction ID : f9b5abdd-abeb-4c3d-a te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mc Kay Hagan	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
5 II Name of Days	Other (specify)
Full Name of Payee Judith A Murphy	te of Public Distribution/Dissemination
Mailing Address PO Box 37	10 02 2014 nount
City State Zip Code	11.40
	nsaction ID: 8f7e75ed-c9b6-4d9e-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 02 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	41.40
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

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Schedule E)	EXI END	TOTILO		PAGE 23 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amend	ds report	i filed on
Full Name of Payee James E Dacus				Date of Public Distribution/Dissemination
Mailing Address 117 Cynthia Ave				10 02 2014 Amount
City	State	Zip Code		95.00
Farmington	AR	72730		Transaction ID : 9e7b08d7-62d1-4010-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Sup	port	Office Sought: House District: 00
Mr. Mark L Pryor		У Орр	.	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, 1	24660.54		Disbursement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
James E Dacus				10 02 / Y Y Y Y Y Y
Mailing Address 117 Cynthia Ave				
				Amount
City	State	Zip Code		12.90
Farmington	AR	72730		Transaction ID: b09a4c3a-8b8c-49b1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	10 / 02 / Y Y Y Y Y
Name of Federal Candidate		Sup	port	Office Sought: House District: 00
Mr. Mark L Pryor		X Opp	oose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		124660.54		Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
			<u>'</u>	
(a) SUBTOTAL of Itemized Independent Expenditures				107.90
(b) SUBTOTAL of Unitemized Independent Expenditure	res			·
(c) TOTAL Independent Expenditures				•
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date	10 04 2014
Signature				

Schedule E)	JENT EXILIND	TIONES	PAGE 24 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chad E Day			10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 168 Emerald Hill			Amount
City	State	Zip Code	120.00
Forest City	NC	28043	Transaction ID: ea2a8f8d-474e-4d33-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	345688.99	Disbursement For: Primary ☐ General Other (specify) ►
Full Name of Payee			Date of Public Distribution/Dissemination
Chad E Day			10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 168 Emerald Hill			Amount
City	State	Zip Code	55.59
Forest City	NC	28043	Transaction ID: 7bd575c4-10c9-42b1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	nditures		175.59
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		>
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 2014
•			

Schedule E)		DENT EXILIND			PAGE 25 OF 107 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	k Out PAC				C C00530766
Check if 24-hou	ır report X 48-hour repor	t New rep	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name of Pa	yee			Date of	of Public Distribution/Dissemination
Gregory G				М	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	2506 Bolch Street			Amou	nt
City		State	Zip Code	-	40.00
Shreveport		LA	71104		action ID : 06afd19c-612a-4678-8 of Disbursement or Obligation
Purpose of Expe Salary	enditure		Category/ Type 001	М	10 02 / Y Y Y Y Y
Name of Federa	I Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	drieu		X Oppose	Preside	ent State: LA
Calendar Ye Per Election	ear-To-Date n for Office Sought		141339.38	Disbursemen 2014 O	t For: Primary
Full Name of Pa				Date	of Public Distribution/Dissemination
Gregory Gr	een			IV	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	2506 Bolch Street				10 02 2014
				Amou	nt
City		State	Zip Code		33.30
Shreveport		LA	71104	Transa Date	ction ID: 3089ded0-bc5d-4e4b-9 of Disbursement or Obligation
Purpose of Expe Mileage	enditure		Category/ Type 002	N	10 02 7 2014
Name of Federa	l Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Land	drieu		Oppose	Preside	ent Senate State: LA
Calendar Yo Per Election	ear-To-Date n for Office Sought		141339.38	Disbursemen 2014 O	t For:
(a) SUBTOTAL o	of Itemized Independent Expe	nditures		• •	73.30
(b) SUBTOTAL of	of Unitemized Independent Ex	penditures		· •	4 1 4 1 4
(c) TOTAL Indep	endent Expenditures			•	7
with, or at the red		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. I	Emily Buchanan	[Electron	ically Filed] Date	M M M /	04 2014
Signature					

Sche	edule E)	EXI ENDI	101120				PAGE 26 OF 107 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wor	men Speak Out PAC						C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Am	ends repo	rt filed on	M = M /	/ D = D / Y = Y = Y
Fu	ill Name of Payee				Dat	e of Public	c Distribution/Dissemination
N	Monique Guillory					10	02 / 2014
Mia	ailing Address 409 LaSalle Drive				Am	ount	
Ci	ty	State	Zip Code				20.00
Li	ittle Rock	AR	72211				ID: 157399d2-7bbc-46aa-b ursement or Obligation
	ırpose of Expenditure alary		Category/ Type	001		10	02 / 2014
Na	ame of Federal Candidate		<u>'</u>	Support	Office Sou	ıght:	House District: 00
М	lr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1:	24660.54		Disbursem 2014	nent For: Other (sp	Primary
	ıll Name of Payee				Da	te of Publi	ic Distribution/Dissemination
	Monique Guillory					M M	/ D D / Y Y Y Y Y
M	ailing Address 409 LaSalle Drive					10	02 2014
	400 EdGallo Blive				Am	ount	
Ci	ity	State	Zip Code				6.00
		AR	72211		Trai Da	nsaction II te of Disbu	D: 61a4663a-492b-4141-8 ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002		10	02 / 2014
Na	ame of Federal Candidate			Support	Office Sou	ught:	House District: 00
М	Ir. Mark L Pryor		X	Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		124660.54	1	Disbursen 2014	nent For: Other (sp	Primary X General pecify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures				• •		26.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	;s			•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c)	TOTAL Independent Expenditures				•		1 1 2 1 2 1
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M	/ 04	/ Y Y Y Y Y 2014
-	Signature	_	_				

Schedule E)	I EXI END	HOHLO		PAGE 27 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends rep	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Lilly Green				of Public Distribution/Dissemination
Mailing Address 205 Medallion Circle			Amou	10 02 2014 nt
City	State	Zip Code	— r	40.00
Shreveport	LA	71119		action ID : df988c30-87d2-4b5c-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	141339.38	Disbursemen 2014	t For: Primary General ther (specify) ►
Full Name of Payee			Date	of Public Distribution/Dissemination
Lilly Green				10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amou	للنبا لنا ك
City	State	Zip Code	— I.	34.20
Shreveport	LA	71119		oction ID: 0fdf1b79-5109-45a1-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 02 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	141339.38	Disbursemer 2014 C	at For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	74.20
(b) SUBTOTAL of Unitermized Independent Expendit	ures		··· >	7 7 7
(c) TOTAL Independent Expenditures			··· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	04 2014
Signature				

Schedule E)	LIVI EXI END	ITORES	⊢	PAGE 28 OF 107 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼		
Women Speak Out PAC	C					
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	D D / Y Y Y Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Claud B Murphy JR			10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 37			Amount			
City	State	Zip Code		30.00		
East Bend	NC	27018	I	: 734e8693-ea98-43af-b sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	02 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	,,,,,	345688.99	Disbursement For: [2014 Other (spe	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Anthony Buchanan			10	02 / 2014		
Mailing Address 1090 McHone Rd			Amount			
City	State	Zip Code		80.00		
Spruce Pine	NC	28777		: f81fb47f-0857-4350-b sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10 /	02 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7	345688.99	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Expendent	litures			110.00		
				7		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•			
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the indeposition of, any can party committee) any political party committee or	didate or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 04	2014		
-						

Sch	edule E)		1101120		PAGE 29 OF 107 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	" M / D " D / Y " Y " Y " Y
TF	Full Name of Payee Danielle E Grindstaff				of Public Distribution/Dissemination
N	Mailing Address 147 Possum Trot Rd			Amou	10 02 2014 nt
	Dity	State	Zip Code	-	85.00
-	Bakersville	NC	28705		action ID : 4616c291-676c-422b-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 02 / 2014
N	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Kay Hagan		Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	3	345688.99	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
	Full Name of Payee Danielle E Grindstaff Mailing Address 147 Possum Trot Rd				of Public Distribution/Dissemination
	City	State	Zip Code		15.60
	Bakersville	NC	28705	Transa Date	action ID : 33d3972d-5bde-449e-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 02 7 2014
1	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Ms. Kay Hagan		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	345688.99	Disbursemen 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	S			100.60
(b	SUBTOTAL of Unitemized Independent Expenditu	ıres		•	7 7 7
(c) TOTAL Independent Expenditures			·· •	7
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidatarty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	04 2014
	Signature				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	e of Public Distribution/Dissemination
Casey Stockton		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St	Am	ount
City Sta	te Zip Code	80.00
Spruce Pine N		nsaction ID : 6c77d751-fb5e-4cbf-8 e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Ms. Kay Hagan		sident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	345688.99 Disbursem 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Mary Johnson Mailing Address 105 South Dale St		te of Public Distribution/Dissemination 10
City Sta	ate Zip Code	80.00
Spruce Pine N		nsaction ID: c7a27008-bd61-42ab-8 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 / 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Kay Hagan	Oppose Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	345688.99 Disbursem 2014	nent For: Primary X General Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	04 2014
Signature		

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Sche	dule E)	EXI END	TOTILO		PAGE 31 OF 107 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	II Name of Payee Brandy Starns				of Public Distribution/Dissemination
Ma	ailing Address 300 Evangeline St			Amou	10 02 2014 nt
Cit	tv	State	Zip Code	<u> </u>	45.00
	lonroe	LA	71201		action ID: 0152e94b-7f82-4dc3-8 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	М	10 02 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, 1	41339.38	Disbursement 2014 O	t For:
	III Name of Payee			Date of	of Public Distribution/Dissemination
	Brandy Starns			M	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 300 Evangeline St			Amou	nt
Ci	ty	State	Zip Code	— r	19.80
M	fonroe	LA	71201		ction ID: 8ffac727-16ea-4c34-9 of Disbursement or Obligation
	ırpose of Expenditure fileage		Category/ Type 002	M	10 02 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
М	s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	141339.38	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditures	S			64.80
(b)	SUBTOTAL of Unitemized Independent Expenditu	res			
(c)	TOTAL Independent Expenditures			•	
with	ler penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate by committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / /	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Brandy Starns	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 300 Evangeline St	Amount
	City State Zip Code	45.00
	Monroe LA 71201	Transaction ID : a8929d6a-f7bb-40d0-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General
		Other (specify)
	Full Name of Payee Brandy Starns	Date of Public Distribution/Dissemination
	Mailing Address 300 Evangeline St	10 02 2014 Amount
	City State Zip Code	4.20
	Monroe LA 71201	Transaction ID: 6f767865-0a3d-496d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 02 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	49.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 04 2014
	Signature	

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Schedule E)	I EXI END			PAGE 33 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Francesca Blom			M = M	
Mailing Address 101 Asbury Ct			Amount	02 2014
City	State	Zip Code		80.00
Winchester	VA	22602		on ID : 45f75d11-67ab-49bf-9 visbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	41339.38	Disbursement For 2014 Other	or:
Full Name of Payee Gary W Fuhrmann Mailing Address 9425 Jessica Drive			Date of P	Public Distribution/Dissemination 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	— r	32.50
Shreveport	LA	71106		on ID : bfe87829-b273-4a6a-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	141339.38	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expenditure) S		•	112.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		04 2014
Signature				

Schedule E)	THE OTH OF MUDEL E.	TOLITI EXI LITO			PAGE 34 OF 107 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if 24	hour report X 48-hour rep	ort New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y
		Z nen isp			
Full Name o Gary W	Fuhrmann				of Public Distribution/Dissemination
Mailing Addr	ess 9425 Jessica Drive			Amou	nt
City		State	Zip Code	— I.	4.80
Shreveport		LA	71106		action ID : 2551eb45-1a35-41eb-9 of Disbursement or Obligation
Purpose of E Mileage	Expenditure		Category/ Type 002	М	10 02 / Y Y Y Y Y
Name of Fed	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L I	_andrieu		X Oppose	Preside	
	r Year-To-Date ction for Office Sought	, 1	41339.38	Disbursemen 2014 O	t For:
Full Name o	f Payee			Date	of Public Distribution/Dissemination
Jeanne -	ribou			IV	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addr	ess 22369 Ponderosa Dr.				
				Amou	nt
City		State	Zip Code		55.00
Mandeville		LA	70471	Transa Date	ction ID : b014e46f-7255-4aa4-9 of Disbursement or Obligation
Purpose of I Salary	-xpenditure		Category/ Type 001	IV	10 02 7 2014
Name of Fe	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L	_andrieu		X Oppose	Preside	
	ar Year-To-Date ction for Office Sought		141339.38	Disbursemen 2014 O	t For:
(a) SUBTOTA	L of Itemized Independent Exp	enditures		▶	59.80
(b) SUBTOTA	L of Unitemized Independent I	Expenditures		·· •	7
(c) TOTAL In	dependent Expenditures			•	7 7 7
with, or at the		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 10	04 / 2014
Signature			_		

Schedule E)	LIVI EXI END	TTOTILO	PAGE 35 OF 107 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C					
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Jeanne Tribou			10 / 02 / 2014			
Mailing Address 22369 Ponderosa Dr.			Amount			
City	State	Zip Code	7.80			
Mandeville	LA	70471	Transaction ID : 1a1621fd-80ae-48dd-8 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10 02 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	.,.,	141339.38	Disbursement For: Primary General 2014 Gther (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Clay A McCreary			10 02 7 2014			
Mailing Address 1762 Orchard Drive			Amount			
City	State	Zip Code	20.00			
Lenoir	NC	28645	Transaction ID : 4a1f4456-caca-4c3b-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10 02 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: Primary General 2014 General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 27.80			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•			
(c) TOTAL Independent Expenditures						
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
•						

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C	C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M	/ D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Pub	lic Distribution/Dissemination
	Jackson S Tuttle	10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 404 Chancery Park Ct	Amount	
ŀ	City State Zip Code	L	55.00
	Kernersville NC 27284		ID: 93a12cf9-f3e6-47f9-9 oursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	02 / 2014
Ī	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For:	Primary ⊠ General
ŀ	Full Name of Payee		olic Distribution/Dissemination
	Jackson S Tuttle	M M M	02 2014
	Mailing Address 404 Chancery Park Ct	Amount	
ŀ	City State Zip Code		55.00
	Kernersville NC 27284		ID: 83cf9077-9d31-43db-8 bursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	02 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Other (s	Primary ⊠ General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		110.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures		4
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not make vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10	0 04	2014
	Signature		

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Sch	nedule E)	ii Livo					PAGE 37 OF 107 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т,	Full Name of Payee					- C Dobli	Pin W. W. (Pinnspingting
	Jackson S Tuttle					ate of Public	c Distribution/Dissemination / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address 404 Chancery Park Ct				A	mount	
	City State		Zip Code				11.40
	Kernersville NC		27284				ID: bb832bc5-c0d6-478f-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10	02 / 2014
T	Name of Federal Candidate		<u> </u>	Support	Office S	ought:	House District:00
	Ms. Kay Hagan			Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	345688.99		Disburse 2014	ement For: Other (sp	Primary
	Full Name of Payee					Date of Publi	c Distribution/Dissemination
Ì	Jackson S Tuttle					10	02 / 2014
	Mailing Address 404 Chancery Park Ct					10	02 2017
					A	Amount	
	City State		Zip Code				11.40
	Kernersville NC		27284		Tr	ansaction II Date of Disbu	D: 54cbf8e3-364f-4970-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10	02 2014
	Name of Federal Candidate			Support	Office S	ought:	House District:00
	Ms. Kay Hagan			Oppose		-	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		345688.9	99	Disburse 2014	ement For: Other (sp	Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures				. •		22.80
(k	b) SUBTOTAL of Unitemized Independent Expenditures				. •		1 1 2 1 1 2
(0	c) TOTAL Independent Expenditures				•		
W	nder penalty of perjury I certify that the independent exp ith, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	/ D D D 04	2014
	Signature		_			-	-

Schedule E)	PAGE 38 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Lisa a Bernardini	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1326 East Field St	Amount
City State Zip Code	15.00
Conway AR 72034	Transaction ID : 7ce7810c-bf46-43c6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 10 02 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppos	
Calendar Year-To-Date Per Election for Office Sought 124660.54	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lisa a Bernardini	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1326 East Field St	Amount
Chata Zin Coda	
City State Zip Code Conway AR 72034	9.00 Transaction ID : 5f1a99ce-c7bd-487b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppos	se President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 124660.54	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	24.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(4)	7 7 7
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 10 04 2014
Signature	

Schedule E)	PAGE 39 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report f	iled on D / Y Y Y Y Y
Full Name of Payee Miranda A Resinos	Date of Public Distribution/Dissemination
Mailing Address 1430 Sunnyside Rd	10 02 2014 Amount
City State Zip Code	80.00
Alma AR 72921	Transaction ID: 473a07d0-450e-4d0c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Odichadi Todi To Dato	isbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Miranda A Resinos	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1430 Sunnyside Rd	Amount
City State Zip Code	18.90
Alma AR 72921	Transaction ID: 085d3f84-587a-4c7b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 02 / 2014
Name of Federal Candidate Support C	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
	olsbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	98.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	10 04 7 2014

Sch	edule E)	EXI EIIDI	TOTILO		PAGE 40 OF 107 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends re	nort filed o	m M = M / D = D / Y = Y = Y
		Now Topo	, remonds re	port mod o	
F	ull Name of Payee Edward N Walker				Date of Public Distribution/Dissemination 10 02 2014
M	failing Address 3 Girard St				Amount
C	Sity S	State	Zip Code		50.00
- 1	Ft Smith	AR	72901		Transaction ID : 5a4fc53e-0642-4ed1-a Date of Disbursement or Obligation
	rurpose of Expenditure Salary		Category/ Type 00	1	10 02 7 2014
Ν	lame of Federal Candidate		Support	Office \$	Sought: House District: 00
ľ	Иr. Mark L Pryor		X Oppose	F	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1:	24660.54	Disburs 2014	sement For: Primary General Other (specify) ▶
	ull Name of Payee				Date of Public Distribution/Dissemination
	Edward N Walker				10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 3 Girard St				02 25.1
Т					Amount
	Dity S	State	Zip Code		18.60
	Ft Smith	AR	72901	Т	ransaction ID : dc608379-183a-4cc9-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	2	10 02 2014
١	lame of Federal Candidate		Support	Office	Sought: House District: 00
1	Mr. Mark L Pryor		X Oppose	F	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		124660.54	Disburs 2014	Sement For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures			····· >	68.60
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		···· •	
(c)	TOTAL Independent Expenditures			····· •	
wit	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Da	ate 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		-		

Schedule E)	LIVI EXI LIVE	TIONES	<u> </u>	PAGE 41 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Sue G Walker			M 10 /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3 Girard			Amount	
City	State	Zip Code		65.00
Fort Smith	AR	72901		: 4ee881d7-3f5c-4d44-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	124660.54	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Sue G Walker			10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3 Girard			Amount	
City	State	Zip Code		30.30
Fort Smith	AR	72901		: 15954884-0969-4b0c-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		124660.54	Disbursement For: 2014 Other (spe	Primary X General cify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures			95.30
			7	7 -
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	42
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04	2014
-				

Schedule E)	JENT EXILIND	TIONES	<u> </u>	PAGE 42 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C c	00530766
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Glenda McKinney			10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		50.00
Plot Mountain	NC	27041		: 6a63b847-8c06-44ec-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Joshua D Syrotchen			10	02 / 2014
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		60.00
Searcy	AR	72149		84e72c6a-dcc1-4fc2-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		124660.54	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures			110.00
			7	4
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 04	2014

Schedule E)	PAGE 43 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	W = M / D = D / Y = Y = Y = Y
Joshua D Švrotchen	of Public Distribution/Dissemination
Mailing Address 915 East Market Ave	10 02 2014 unt
	50.10 saction ID: 89fa9e54-4479-41c9-9 of Disbursement or Obligation
Purpose of Expenditure	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For:
Tammay Williams	of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St	10 02 2014 unt
City State Zip Code	80.00
New Orleans LA 70116 Transa	action ID : cab64ad3-6347-4e5c-b of Disbursement or Obligation
Purpose of Expenditure	10 02 7 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Presid	
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	130.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Mate	04 / 2014

Schedule E)	TI EXI END			PAGE 44 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
	Z New Yel	7 mondo ropo	Transa on	
Full Name of Payee Tammay Williams			Date of Po	ublic Distribution/Dissemination / DDD / YDY YDY YDY YDY YDY YDY YDY YDY
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		12.00
New Orleans	LA	70116		on ID : 5f0a4d6b-83c4-4e69-b isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	41339.38	Disbursement Fo 2014 Other	r:
Full Name of Payee	_		Date of P	ublic Distribution/Dissemination
Antoinette Franklin			M N	02 / 2014
Mailing Address 8822 Apple St				
			Amount	
City	State	Zip Code	 :::	65.00
New Orleans	LA	70188	Transaction Date of D	on ID: 02d09c98-7de5-4a7a-9 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	/ 02 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	141339.38	Disbursement Fo	or: Primary X General (specify) ►
(a) CURTOTAL of Harrison Indoorand art Funanditu				77.00
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	77.00
(b) SUBTOTAL of Unitemized Independent Expend	litures		· •	7 1 4 1 4 1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		04 2014
Signature				

Schedule E)	JENT EXICID	HONES	<u> </u>	AGE 45 OF 107 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	t filed on/	D = D / Y = Y = Y
Full Name of Payee Christopher L Brazil				istribution/Dissemination
Mailing Address 5560 Dogwood Dr			10 Amount	02 2014
			Amount	
City	State	Zip Code		30.00
Winston Salem	NC	27105		632c0e4f-d7a7-440b-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	histribution/Dissemination
Christopher L Brazil			M M /	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5560 Dogwood Dr			Amount	
City	State	Zip Code		5.34
Winston Salem	NC	27105		b76b5027-ca4f-46e5-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	35.34
				1 1 1 1 1 1
(b) SUBTOTAL of Unitemized Independent Ex	penditures)	7
(c) TOTAL Independent Expenditures			>	42
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04	2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Logan B Piper	10 / 02 / 2014
Mailing Address 3205 Pebble Beach Rd	Amount
City State Zip	Code 47.00
Conway AR 720	
Purpose of Expenditure Salary	ategory/ Type 001 10 02 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 1246	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payer	
Full Name of Payee Logan B Piper	Date of Public Distribution/Dissemination 10 02 2014
Mailing Address 3205 Pebble Beach Rd	Amount
City State Zip	Code 19.89
	034 Transaction ID : d7723c8e-9538-4158-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	ategory/ Type 002 10 02 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	66.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically	y Filed] Date 10 04 2014
Signature	340

PAGE

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OF

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Schedule E)	DEITI EXI EITE	TIONES	PAGE 47 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			10 02 / 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	70.00
Mt. Airy	NC	27030	Transaction ID: 345065dd-ba6a-40c4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	345688.99	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	9.78
Mt. Airy	NC	27030	Transaction ID: 71d55021-04bc-4b44-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		79.78
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10

Schedule E)	DENT EXPEND	TIONES	PAGE 48 OF 107 FOR SE OF FORM 24/48	_
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	_
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	t New rep	port Amends repo	rt filed on]
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination	_ 1
Mailing Address 1691 Fork Mtn Rd			10 02 2014 Amount	J
City	State	Zip Code	30.00	٦
Bakersville	NC	28705	Transaction ID : 4f45f525-f548-46d7-8 Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	_
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: Primary General General General Other (specify) ▶	i
Full Name of Payee			Date of Public Distribution/Dissemination	
Virginia M Stevens			10 02 7 2014	
Mailing Address 1691 Fork Mtn Rd			Amount	
City	State	Zip Code	15.30	
Bakersville Purpose of Expenditure	NC	28705	Transaction ID : ef9b60bc-549b-4b18-8 Date of Disbursement or Obligation	_
Mileage		Category/ Type 002	10 / 02 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	_
Ms. Kay Hagan		X Oppose	President Senate State: NC	_
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: ☐ Primary ☐ Genera 2014 ☐ Other (specify) ▶	I
-				_
(a) SUBTOTAL of Itemized Independent Exper	nditures		45.30	J
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· >]
(c) TOTAL Independent Expenditures			•]
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political	
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
-				

Schedule E)	DENT EXTEND	ITOTILO	PAGE 49 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination
Mailing Address 44 Bell Street Ext			10 02 2014 Amount
			7.11.00.11
City Spruce Pine	State NC	Zip Code 28777	30.00 Transaction ID : e89a7303-62f2-455c-b
·	NC .	20111	Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: Primary General 2014 Gher (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Malinda Ledford			10 02 7 2014
Mailing Address 44 Bell Street Ext			Amount
City	State	Zip Code	15.30
Spruce Pine	NC	28777	Transaction ID : b1383080-e121-4070-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		45.30
(4,			7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Sch	edule E)	EXI END	101120		PAGE 50 OF 107 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
		New Tepe	Amendo repe	ort med on	
	Full Name of Payee Peggy A Sides				of Public Distribution/Dissemination 10 02 7 2014
N	Mailing Address 2183 Spokane Rd			Amo	unt
	Dity	State	Zip Code	— F	40.00
	Fayetteville	NC	28304		saction ID : f2671bd0-a1c5-4271-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001] [M 10
١	Name of Federal Candidate		Support	Office Soug	ht: House District: 00
	Ms. Kay Hagan		X Oppose	Presid	
L	Calendar Year-To-Date Per Election for Office Sought	, 3	45688.99	Disburseme	ent For:
	Full Name of Payee			Date	e of Public Distribution/Dissemination
	Peggy A Sides				10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Mailing Address 2183 Spokane Rd				للنبا لنا لنا
				Amo	bunt
	Dity	State	Zip Code		7.50
	Fayetteville	NC	28304	Trans Date	saction ID: 12bb8c55-ede9-4594-8 e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 / 02 / 2014
1	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Kay Hagan		X Oppose	Presi	
	Calendar Year-To-Date Per Election for Office Sought	, ,	345688.99	Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			. •	47.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	1 7 1 7 1 7 1
(с) TOTAL Independent Expenditures			• [7
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M /	04 2014
	Signature		_		

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Claire A Smith	Date	e of Public Distribution/Dissemination
		10 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6610 Walcott Rd	Amo	ount
City Sta	te Zip Code	80.00
Paragoud Af		nsaction ID : 4042400d-4cb7-46a9-9 e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	Oppose Pres	ident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	124660.54 Disbursem 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Claire A Smith Mailing Address 6610 Walcott Rd		e of Public Distribution/Dissemination 10 02 2014 ount
City Sta	te Zip Code	72.78
Paragoud Al		saction ID : 7ff2cb54-d08e-4b57-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 02 7 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	Oppose Pres	sident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	124660.54 Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	152.78
(b) SUBTOTAL of Unitemized Independent Expenditures.		7
(c) TOTAL Independent Expenditures	······	4 4
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, or (
Ms. Emily Buchanan	[Electronically Filed] Date 10	04 2014
Signature		

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OF

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Schedule E)	I EXI END			PAGE 52 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Lee R Carter			M	Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			1	0 02 2014
City	State	Zip Code		35.00
Raleigh	NC	27604		ction ID : 96b17037-5e23-4cb2-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		00 02 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	345688.99	Disbursement 2014 Oth	For: Primary X General Primary Primary General
Full Name of Payee			Date of	Public Distribution/Dissemination
Lee R Carter				10 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amoun	لىنىا لنا ك
				
City Raleigh	State NC	Zip Code 27604		9.60 tion ID: 4e9ca4ef-9ca2-4d68-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	0 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	345688.99	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	'S		. .	44.60
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		,	
(c) TOTAL Independent Expenditures				4 1 4 1 4 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	04 2014
Signature				

Schedule E)			PAGE 53 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St			10 02 2014 Amount
City	State	Zip Code	55.00
Ville Platte	LA	70586	Transaction ID : f2cfbbbb-3a51-429d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 DDD Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	33.00
Ville Platte	LA	70586	Transaction ID : 9c438862-ef95-4c7d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		88.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>
(c) TOTAL Independent Expenditures			>
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 2014

Schedule E)				PAGE 54 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	art filed on	/ D = D / Y = Y = Y
	New Tep	Amends repo	TT IIICU OII	
Full Name of Payee Joneisha Stewart			Date of Po	ublic Distribution/Dissemination / DDD / YDY YDY YDY YDY YDY YDY YDY YDY
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		40.00
Marrero	LA	70072		on ID : bf5a7dae-7f04-4bf3-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement Fo 2014 Other	r:
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Joneisha Stewart			M N	02 / 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Mailing Address 2329 Runnymede Dr				
			Amount	
City	State	Zip Code		6.00
Marrero	LA	70072	Transaction Date of D	n ID : cee0e76d-b37c-45f6-9 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement Fo	r: Primary
(a) SUBTOTAL of Itemized Independent Expend	itures		→	46.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			.	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		04 2014
Signature		_		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	ENTIFICATION NUMBER ▼
Women Speak Out PAC	000530766
Check if 24-hour report 48-hour report New report Amends report filed on	D = D / Y = Y = Y
	Distribution/Dissemination
Kevin L Battle	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3300 Asher Ave Amount	
City State Zip Code	80.00
Little Rock AR 72204 Transaction ID	0 : cc94358f-24a7-4210-8 sement or Obligation
Purpose of Expenditure Salary Category/ Type 001 10	02 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (spe	Primary
	Distribution/Dissemination
Kevin L Battle	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3300 Asher Ave Amount	
City State Zip Code	36.00
Date of Disburs	: 2d72dec0-4d75-44b8-b rsement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	02 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	116.00
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the report party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 04	2014

Schedule E)	a ENDITORIES	PAGE 56 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on
	Amends report inc	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle		Amount
City State	e Zip Code	40.00
Harrisonburg VA	22801	Transaction ID: cc09b5f3-3e5c-48c0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 7 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	141339.38 Dis 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination
		10 02 2014
Mailing Address P.O. Box 712		Amount
City State	e Zip Code	70.00
Alexander AR	72002	Transaction ID : dbe48d9d-6b25-4724-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	124660.54 Dis 20	Sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		110.00
	•	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	7
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	10 04 2014
Signature		

Schedule E)	INT EXI END	HORLS	PAGE 57 OF 19 FOR SE OF FORM 24/4	07 ·8
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	t filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	on
Todd Ellis			10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code	25.	50
Alexander	AR	72002	Transaction ID : fe5c5d45-86d3-45e6- Date of Disbursement or Obligation	8
Purpose of Expenditure Mileage		Category/ Type 002	10 02 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Mr. Mark L Pryor		X Oppose	President State: A	R
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	124660.54	Disbursement For: Primary ☐ Gen 2014 Other (specify) ▶	ieral
Full Name of Payee	·		Date of Public Distribution/Dissemination	on
Ashley n Thompson			10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	- Y
Mailing Address 272 Westgate Ct Apt 6			Amount	_
City	State	Zip Code	20.00)
Lexington	NC	27295	Transaction ID : fbadb145-cd24-4de7-6 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		Oppose	President State: N	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · ·	345688.99	Disbursement For: Primary X Ger 2014 Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expendit	ures		45.50	j
//s) CURTOTAL of Unitersized Independent Function	alike was a		11111111	Ξ
(b) SUBTOTAL of Unitemized Independent Exper	iditures		>	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 2014	

Schedule E)		NOCINI EXI END			PAGE 58 OF 107 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
Check if 24-h	our report X 48-hour rep	port New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of I					of Public Distribution/Dissemination
Mailing Addres	S 200 Carawood Lane			Amoui	10 02 2014
City Lexington		State NC	Zip Code 27295		50.00 action ID : 6f94cb86-ec3f-4c91-a of Disbursement or Obligation
Purpose of Ex Salary	penditure		Category/ Type 001		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fede	ral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Haga	n		X Oppose	Preside	NO.
	Year-To-Date on for Office Sought	3	345688.99	Disbursement 2014 Or	t For: Primary ⊠ General
Full Name of Randy G I	_ookabill				of Public Distribution/Dissemination
				Amou	
City Lexington		State NC	Zip Code 27295	Transa Date	21.30 ction ID : 5300d136-9cdb-41ad-a of Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fede	eral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Haga	n		X Oppose	Preside	ent Senate State: NC
	Year-To-Date ion for Office Sought		345688.99	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL	of Itemized Independent Ex	penditures		.	71.30
(b) SUBTOTAL	of Unitemized Independent	Expenditures			
(c) TOTAL Inde	ependent Expenditures			· •	
with, or at the r		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	s. Emily Buchanan	[Electron	ically Filed] Date	e 10	04 2014
Signature					

Scł	hedule E)		PAGE 59 OF 107 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C	C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report	filed on	D = D / Y = Y = Y
_	Full Name of Payee	Date of Public	- Distribution/Dissemination
	Ms. Tonya Boyd	Date of Public	Distribution/Dissemination 02 2014
	Mailing Address 2357 Fancy Cap Rd	Amount	
F	City State Zip Code		70.00
	Mt. Airy NC 27030		ID: 67446aa6-9862-453c-b ursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	02 / 2014
	Name of Federal Candidate Support C	Office Sought:	House District: 00
	Ms. Kay Hagan Oppose		Senate State: NC
	Calcidat Ical Io Date	Disbursement For: 014 Other (sp	Primary ☐ General
	Full Name of Payee	Date of Publi	c Distribution/Dissemination
Ì	Ms. Tonya Boyd	M M	/ D D / Y TY TY
-	Mailing Address 2357 Fancy Can Rd	10	02 2014
	Mailing Address 2357 Fancy Cap Rd	Amount	
	City State Zip Code		9.78
	Mt. Airy NC 27030	Transaction II Date of Disbu	D: 7c19c13f-0f73-453f-b ursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	02 7 2014
ľ	Name of Federal Candidate Support C	Office Sought:	House District:00
	Ms. Kay Hagan Oppose		Senate State: NC
		Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(8	(a) SUBTOTAL of Itemized Independent Expenditures	·	79.78
(k	(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(0	(c) TOTAL Independent Expenditures	-	
W	Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exarty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D D D D D D D D D D D D D D D D D	2014
	Signature		

Schedule E)	PAGE 60 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends r	report filed on
Full Name of Payee Jennifer F Gilbert	Date of Public Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd	10 02 2014 Amount
City. Chate 7in Code	05.00
City State Zip Code Carriere MS 39426	65.00 Transaction ID: ad0855c4-1a47-4228-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 0	001 Date of Bissarsonion of Obligation 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppor	t Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	
Calendar Year-To-Date Per Election for Office Sought 141339.38	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Jennifer F Gilbert	Date of Public Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd	10 02 2014 Amount
City State 7in Code	25.40
City State Zip Code Carriere MS 39426	35.10 Transaction ID : a88158f4-ef30-404f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 0	02
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	e President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 141339.38	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	100.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 10 / 04 / 2014

Schedule E)	PAGE 61 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Colton R Overcash	of Public Distribution/Dissemination
Mailing Address 121 Ohara Dr Amou	10 02 2014 unt
City State Zip Code	82.00
Salisbury NC 28147 Trans	saction ID : 4c531d71-d1cc-42fd-8 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nt For:
Colton R Overcash	of Public Distribution/Dissemination
Mailing Address 121 Ohara Dr	10 02 2014 ount
	57.00
	57.60 saction ID : 9a68b79c-0912-45c1-b of Disbursement or Obligation
Purpose of Expenditure	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan Presid	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	139.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date To be a continuous property of the continuous prope	04 / 2014

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	Pate of Public Distribution/Dissemination
Christopher L Gilbert		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 Lovell Johnson Rd	А	mount
City Stat	e Zip Code	60.00
Picayune MS		ransaction ID: 2b5896ce-fa9a-491a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 7 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu		resident State: LA
Calendar Year-To-Date Per Election for Office Sought	141339.38 Disburse 2014	ement For: Primary ☐ General Other (specify) ▶
Full Name of Payee Christopher L Gilbert Mailing Address 55 Lovell Johnson Rd		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Stat	te Zip Code	18.90
Picayune MS		ansaction ID: d6319322-cd93-43c2-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 02 / 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	resident State: LA
Calendar Year-To-Date Per Election for Office Sought	141339.38 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	· [78.90
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	1171171151
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	04 2014
Signature		

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Schedule E)		itti EXI EITD			PAGE 63 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak (Out PAC				C C00530766
Check if 24-hour re	port X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Jeremy Holla					of Public Distribution/Dissemination
Mailing Address 12	1 Meadowview Drive			Amou	10 02 2014 nt
City		Stata	Zin Codo		20.00
City Boone		State NC	Zip Code 28607		20.00 action ID : 8f8da62b-2fd5-44c4-9 of Disbursement or Obligation
Purpose of Expendit Salary	ture		Category/ Type 001		10 D D D D 2014
Name of Federal Ca	andidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			Oppose	Preside	NO.
Calendar Year-T Per Election for		, , ,	345688.99	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
Full Name of Payee Jeremy Hollar Mailing Address	121 Meadowview Drive				of Public Distribution/Dissemination 10
City		State	Zip Code		18.60
Boone		NC	28607	Transa Date	oction ID : 4dc571f9-a3ff-4077-8 of Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002		10 02 / 2014
Name of Federal Ca	andidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Year- Per Election fo			345688.99	Disbursemen 2014	t For: Primary
(a) SUBTOTAL of Ite	emized Independent Expendit	ures		•	38.60
(b) SUBTOTAL of U	nitemized Independent Expen	ditures		· •	
(c) TOTAL Independent	ent Expenditures			· ·	7 1 7 1 7
with, or at the reques		idate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	y Buchanan	[Electron	cically Filed] Date	10	04 2014
Signature					

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	te of Public Distribution/Dissemination
Zachary R McCleese		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 323 Rolling Pines Dr	Am	ount
City	tate Zip Code	100.00
Spring Lake		insaction ID: a9458a56-960f-41d9-a te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Mr. Mark L Pryor		sident State: AR
Calendar Year-To-Date Per Election for Office Sought	124660.54 Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Zachary R McCleese Mailing Address 323 Rolling Pines Dr	Da	te of Public Distribution/Dissemination
	Am	nount
City	State Zip Code	83.40
		nsaction ID: 38b65943-c603-4065-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 02 / 2014
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Mark L Pryor	Oppose Pres	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	124660.54 Disbursen 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	••••••••••••••••••••••••••••••••••••••	183.40
(b) SUBTOTAL of Unitemized Independent Expenditure	s	7 7 7
(c) TOTAL Independent Expenditures	·····	1 7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

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Scł	nedule E)			PAGE 65 OF 107 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C C00530766
Che	ck if 24-hour report X 48-hour report New report	Amends rep	ort filed on	M = M / D = D / Y = Y = Y
_		- Timeriae rep		
	Full Name of Payee Meagan M Cates			e of Public Distribution/Dissemination
	Mailing Address 1425 Arden Lane		Amor	punt
-	City State Zip Coc	е	— F	20.00
L	Conway AR 72034			nsaction ID : 8ff5c08b-bb12-422b-a e of Disbursement or Obligation
	Purpose of Expenditure Salary Category T	ory/ /pe 001		10 02 / 2014
Ī	Name of Federal Candidate	Support	Office Soug	ght: House District: 00
	Mr. Mark L Pryor	Oppose	Presid	dent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought 124660.5	4	Disburseme 2014	ent For: Primary
Γ	Full Name of Payee		Date	e of Public Distribution/Dissemination
1	Meagan M Cates			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
ŀ	Mailing Address 1425 Arden Lane			10 02 2014
1			Amo	ount
ŀ	City State Zip Coo	le		1.80
	Conway AR 72034		Trans Date	saction ID: 9f8eaa66-b8b8-4fde-a e of Disbursement or Obligation
	Purpose of Expenditure Mileage Category T	ory/ /pe 002		10 02 7 2014
	Name of Federal Candidate	Support	Office Soug	ght: House District: 00
	Mr. Mark L Pryor	Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	60.54	Disburseme 2014	ent For:
(8	a) SUBTOTAL of Itemized Independent Expenditures		•	21.80
(k	b) SUBTOTAL of Unitemized Independent Expenditures		··· •	
(0	C) TOTAL Independent Expenditures		··· •	7 1 7 1 7
W	inder penalty of perjury I certify that the independent expenditures reported ith, or at the request or suggestion of, any candidate or authorized commit arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically File	ed] Dat	te 10	04 2014
	Signature			

Schedule E)	JENT EXI END	ITOTILO	<u> </u>	PAGE 66 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Mr. Roger McKinney			10	02 / 2014
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		50.00
Pilot Mountian	NC	27041		: b92d6bb5-9cdb-4599-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	345688.99	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Roger McKinney			10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		17.79
Pilot Mountian	NC	27041		: 7017342e-7123-41c3-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures			67.79
			7	7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>	7
(c) TOTAL Independent Expenditures)	7 1 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 04	2014

Schedule E)	EXI ENDI	101120		PAGE 67 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y D Y D Y
Full Name of Payee Billy Martin				f Public Distribution/Dissemination
Mailing Address 250 JS Brewton rd				10 02 2014
			Amour	nt .
City	State	Zip Code	- L.	50.00
goldonna	LA	71031		action ID: 93306dce-cd45-4b82-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 02 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	41339.38	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Billy Martin			M	10
Mailing Address 250 JS Brewton rd			Amour	nt
City	State	Zip Code		3.00
goldonna	LA	71031	Transa Date o	ction ID : 9cb57983-28f8-44c5-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 02 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement 2014 Of	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	53.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	10 /	04 2014
Signature				

Schedule E)		TOTILO	PAGE 68 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination
Mailing Address 211 Dixie Ave			10 02 2014 Amount
City	Ctoto	7in Codo	40.00
City Harrisonburg	State VA	Zip Code 22801	40.00 Transaction ID : c2aaf414-7ca7-4e50-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,,,,,	141339.38	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination
Mailing Address 2319 West Oak			10 02 2014 Amount
City	State	Zip Code	50.00
El Dorado	AR	71730	Transaction ID: e22e394e-1b68-4797-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		124660.54	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		90.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(a) TOTAL Independent Expanditures			
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electro	nically Filed] Date	10 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Sch	nedule E)	.XI LIVDI	101120		PAGE 69 OF 107 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends re	port filed	on M = M / D = D / Y = Y = Y
TF	Full Name of Payee				Date of Public Distribution/Dissemination
	Lauren E Heffington				10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 488 Broadwell Dr				Amount
	City Sta	ate	Zip Code		50.00
- 1		ΓN	37220		Transaction ID : bdab3cec-99d2-46ad-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	01	10 02 / 2014
1	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President State: AR
	Calendar Year-To-Date Per Election for Office Sought	1:	24660.54	Disbu 2014	orsement For: Primary
	Full Name of Payee				Date of Public Distribution/Dissemination
Т	Lauren E Heffington				M M / D D / Y Y Y Y Y
-	Mailing Address 488 Broadwell Dr				10 02 2014
ı	400 Bloadwell Bl				Amount
(City	ate	Zip Code		39.00
		ΓΝ	37220		Transaction ID : 974ca22d-dcfb-47c5-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	2	10 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		124660.54	Disbu 2014	ursement For:
(a	SUBTOTAL of Itemized Independent Expenditures			····· >	89.00
(b	o) SUBTOTAL of Unitemized Independent Expenditures			····· >	
(с	e) TOTAL Independent Expenditures			······ >	
wi	nder penalty of perjury I certify that the independent eith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its ager	r authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Da	ate 1	0 04 2014
	Signature		_		

Schedule E)	EXI ENDI	TOTILO		PAGE 70 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
April E Madrid			M 1	
Mailing Address 2153 Sweet Bay Circle			Amount	
City	tate	Zip Code		12.50
	LA	71111		ction ID : 6973fca8-ac6d-43ad-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	1	41339.38	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
April E Madrid			1	0 02 / 2014
Mailing Address 2153 Sweet Bay Circle			Amount	
City	tate	Zip Code		6.00
	LA	71111		tion ID : 3846a1c8-7a2c-427f-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1 M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures				18.50
			,	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	s		•	7
(c) TOTAL Independent Expenditures			·	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	10 /	04 / 2014
-				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Chinchar	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2730 Dave Ward Dr	Amount
City Stat	te Zip Code 60.00
Conway AF	Transaction ID: a6738f71-3e52-4286-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Michael Chinchar Mailing Address 2730 Dave Ward Dr	Date of Public Distribution/Dissemination 10
City Stat	te Zip Code 8.40
Conway AF	
Purpose of Expenditure Mileage	Category/ Type 002 10 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	68.40
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
	penditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political t.
Ms. Emily Buchanan	[Electronically Filed] Date 10 04 2014
Signature	

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Schedule E)	LAI LINDITOTILO		PAGE 72 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New report Amer	nds report filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Taylor N Randall			of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave		Amou	10 02 2014 nt
Apt 40			
1 7	tate Zip Code AR 72143		20.00 action ID : ce7ed44e-743a-4b08-b of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		pport Office Sough	t: House District: 00
Mr. Mark L Pryor		ppose Preside	Ploade Biothet.
Calendar Year-To-Date Per Election for Office Sought	124660.54	Disbursemen 2014 O	t For: Primary X General
Full Name of Payee Shelbi L Randall Mailing Address 202 East Park Ave Apt 40		_	of Public Distribution/Dissemination
C:h.	tota Zin Codo		20.00
'	tate Zip Code AR 72143		ction ID : 2abd4fa2-2157-442d-a of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type	001	10 02 / 2014
Name of Federal Candidate	Su	upport Office Sough	t: House District:00
Mr. Mark L Pryor		opose Preside	
Calendar Year-To-Date Per Election for Office Sought	124660.54	Disbursemen 2014	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		·············	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S	······· •	
(c) TOTAL Independent Expenditures		······	7 1 7 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or		
Ms. Emily Buchanan	[Electronically Filed]	Date 10	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	VI EXI END	ITOTILO		PAGE 73 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Shelbi L Randall			M = M /	Distribution/Dissemination
Mailing Address 202 East Park Ave Apt 40			10	02 2014
City	State	Zin Codo		20.55
Searcy	AR	Zip Code 72143		: b46321fc-0357-46b8-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	1	24660.54	Disbursement For: 2014 Other (spec	Primary X General
Full Name of Payee Brandon Wheeler	_		M = M /	Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct			Amount	02 2014
City	State	Zip Code		50.00
Charolette	NC	28215		a4c8f166-615b-4c6f-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	124660.54	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			70.55
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7 7
			4	7
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 04	2014
-				

Schedule E)	TOERT EXILITIES	1101120		PAGE 74 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour rep	ort New repo	ort Amends repo	ort filed on	/ D D / Y P Y P Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
Brandon Wheeler			Date of Publ	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10112 Piney Creek Ct			Amount	
City	State	Zip Code		43.50
Charolette	NC	28215		ID: 0a9fc301-9b73-41d7-9 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	124660.54	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Michael A Toomey				/ D D / Y Y Y Y Y
Mailing Address 4120 Bon Aire Dr Apt 63			10	02 2014
Malling Address 4120 Bon Aire Dr Apt 63)/		Amount	
City	State	Zip Code		45.00
Monroe Purpose of Expenditure	LA	71212		D: 9fe934d3-e877-43fc-9 pursement or Obligation
Salary		Category/ Type 001	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: 2014 Other (s	Primary ⊠ General
_				
(a) SUBTOTAL of Itemized Independent Exp	penditures		>	88.50
(b) SUBTOTAL of Unitemized Independent I	Expenditures		. •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 04	2014
Signature		_		

Sche	edule E)	EXI ENDI					PAGE 75 OF 107 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wor	men Speak Out PAC					С	C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amei	nds repo	rt filed on	/ M /	D = D / Y = Y = Y
	III Name of Payee Michael A Toomey					of Public	c Distribution/Dissemination
Ma	ailing Address 4120 Bon Aire Dr Apt 6307				Amou	10 int	02 2014
Cit	tv	State	Zip Code				5.10
- 1	fonroe	LA	71212				ID: 97e194aa-8b3d-43cd-a ursement or Obligation
	urpose of Expenditure fileage		Category/ Type	002		10	02 / 2014
Na	ame of Federal Candidate		Su	ıpport	Office Sough	nt:	House District: 00
M	ls. Mary L Landrieu			ppose	Presid	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	141339.38		Disbursemer 2014	nt For: Other (sp	Primary
	Name of Payee Clarissa Smith					of Public	c Distribution/Dissemination
Ma	ailing Address HU 10233 915 E Mancet Ave				Amou	unt	
Cir	ıty	State	Zip Code				20.00
	Searcy	AR	72149		Transa Date	of Disbu	D: 8c4e84a1-f4bf-4496-a ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001	$\Box \mid \Box$	10	02 2014
- 1	ame of Federal Candidate		Sı	upport	Office Sough	ht:	House District: 00
М	Ir. Mark L Pryor		X Op	opose	Presid	lent 2	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		124660.54		Disbursemen 2014	nt For: Other (sp	Primary X General Decify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures.	<i>i</i>			· [.		25.10
(b)	SUBTOTAL of Unitemized Independent Expenditure	res			· -	1 1	1 1 2 1 2
(c)	TOTAL Independent Expenditures				· [
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ac	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	04	2014
(Signature						

Schedule E)	IVI EXI END	TTOTILO	F	PAGE 76 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Clarissa Smith			10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address HU 10233 915 E Mancet Ave			Amount	
City	State	Zip Code		25.50
Searcy	AR	72149		9: 91f57427-0dfb-42a1-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	124660.54	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Windy Hageman			10	02 / 2014
Mailing Address 5521 Randolph St.			Amount	
City	State	Zip Code	<u> </u>	30.00
Marrero	LA	70072		: 103c5bc8-523d-4600-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	141339.38	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		·	55.50
			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	
(c) TOTAL Independent Expenditures)	49-1-49-1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 04	2014
- 3				

Schedule E)	PAGE 77 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report Ne	w report Amends report filed on Amends report
Full Name of Payee Windy Hageman	Date of Public Distribution/Dissemination
Mailing Address 5521 Randolph St.	10 02 2014
	Amount
City State	Zip Code 4.80
Marrero LA	70072 Transaction ID : df1b1be6-9a5f-4430-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Timothy Foley	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace	Amount
City State	Zip Code 50.00
Sterling VA	20165 Transaction ID : 2fe02952-b872-4799-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	•
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Electric Signature]	ectronically Filed] Date 10 04 2014

Schedule E)		101120		PAGE 78 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Brandy Starns				lic Distribution/Dissemination
Mailing Address 300 Evangeline St			10	02 / 2014
			Amount	
City	State	Zip Code		55.00
Monroe	LA	71201		ID: d8e1ce7d-9482-41c6-8 pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	41339.38	Disbursement For: 2014 Other (s	Primary
Full Name of Payee				lic Distribution/Dissemination
Brandy Starns			10 N	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address 300 Evangeline St				02 2017
			Amount	
City	State	Zip Code		9.00
Monroe	LA	71201	Transaction Date of Disk	ID: 99b75873-168f-4e8b-a bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	141339.38	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		· •	64.00
(b) SUBTOTAL of Uniternized Independent	nt Expenditures		•	42 1 22
(c) TOTAL Independent Expenditures			•	7 1 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	10 04	2014
Signature				

Sche	dule E)	EXI ENDI	TOTILO		PAGE 79 OF 107 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	* M / D = D / Y = Y = Y
	I Name of Payee			Date of	of Public Distribution/Dissemination
	racy M Hargett			М	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ма	iling Address 5133 Lord Bryon Road			Amour	nt
City	V	State	Zip Code	— I	45.00
	ilmington	NC	28405		action ID : 450d5ab6-a485-4a34-a of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001		10 02 7 2014
Nai	me of Federal Candidate		Support	Office Sought	t: House District:00
Ms	s. Kay Hagan		Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	3	45688.99	Disbursement 2014 Of	t For: Primary ⊠ General ther (specify) ▶
	Name of Payee			Date of	of Public Distribution/Dissemination
T	racy M Hargett			M	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	illing Address 5133 Lord Bryon Road				للنبا لنا ك
				Amou	nt
Cit	у	State	Zip Code		7.50
	ilmington	NC	28405	Transa Date of	ction ID: 57d344fd-29ec-4832-a of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002	M	10 / 02 / 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District:00
Ms	s. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditures.			· •	52.50
(b)	SUBTOTAL of Unitemized Independent Expenditur	es		· •	
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7
with,	er penalty of perjury I certify that the independent or at the request or suggestion of, any candidate or committee) any political party committee or its ac	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	10	04 2014
S	Signature				

Schedule E)	01120	PAGE 80 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New repor	t Amends report filed	on
Full Name of Payee Destiny S Philpott		Date of Public Distribution/Dissemination 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3502 S 66th St Apt 47		Amount
City State Z	Zip Code	20.00
	72903	Transaction ID : 6a096c77-20a8-41fd-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbut 2014	ursement For: Primary
Full Name of Payee Benjamin K Cunningham Mailing Address 3502 S 66th St Apt 47		Date of Public Distribution/Dissemination 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State 2	Zip Code	20.00
	72903	Transaction ID : bc26474e-bfa4-4161-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 02 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose □	President State: AR
Calendar Year-To-Date Per Election for Office Sought	124660.54 Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic	ally Filed] Date 1	0
Signature	_	

Schedule E)	DENT EXICIO	TTOTILO	PAGE 81 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on
Full Name of Payee Benjamin K Cunningham			Date of Public Distribution/Dissemination
Mailing Address 3502 S 66th St Apt 47			10 02 2014 Amount
City	Ctoto	Zin Codo	4.50
City Fort Smith	State AR	Zip Code 72903	Transaction ID : c72e87e4-071d-4209-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		124660.54	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave			10 02 2014 Amount
City	State	Zip Code	80.00
Metairie	LA	70001	Transaction ID : e8822dfe-abe7-4643-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		84.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures			>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 04 2014
Signaturo			

Schedule E)	INT EXI END	TTOTILO	PAGE 82 OF 107 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	V
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination	
Mailing Address 629 Radiance Ave			10 02 2014 Amount	_
			, under	_
City	State	Zip Code	3.30	_
Metairie	LA	70001	Transaction ID : 1ceac49d-ecac-4383-8 Date of Disbursement or Obligation	3
Purpose of Expenditure Mileage		Category/ Type 002	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Ms. Mary L Landrieu		X Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	7 7	141339.38	Disbursement For: Primary	ral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Tylan S Green			10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code	80.00	П
New Orleans	LA	70131	Transaction ID: 98cb8909-94d6-4069-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10 / 02 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Ms. Mary L Landrieu		Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	141339.38	Disbursement For:	∍ral ——
(a) SUBTOTAL of Itemized Independent Expendit	ures		83.30	\neg
(b) SUBTOTAL of Unitemized Independent Expen	ditures)	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 2014	
Olynatul C				

Schedule E)	IVI EXI END	TIONES	PAGE 83 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			10 02 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	16.80
New Orleans	LA	70131	Transaction ID : 0cd8cfb5-259e-4b70-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 02 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	141339.38	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mary C Lee			10 02 7 2014
Mailing Address 1030 N Coolidge Ave			Amount
City	State	Zip Code	87.50
Gonzales	LA	70737	Transaction ID : a53a17f7-ef4d-4470-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	141339.38	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		104.30
(b) SUBTOTAL of Uniternized Independent Expen	ditures		
(b) SOBTOTAL OF CHIRCHIEZEG INDEPENDENT EXPEN	aitaico		7 7 7
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		L/(1 L.(12.	101120				PAGE 84 OF FOR SE OF FORM 24	107 -/48
NAME OF COMMITTEE (In Fu						FEC II	DENTIFICATION NUMB	
Women Speak Out F	'AC					С	C00530766	
Check if 24-hour report	X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M		Y
Full Name of Payee Mary C Lee		,			Date		c Distribution/Dissemina	
Mailing Address 1030 N Co	oolidge Ave					10 N	02 2014	
					Am	ount		
City			Zip Code					1.10
Gonzales		LA	70737				ID: 534b5679-7bd7-4e1 ursement or Obligation	e-8
Purpose of Expenditure Mileage			Category/ Type	002		10	02 / 2014	
Name of Federal Candidate	 e		<u>'</u>	Support	Office Sou	ght:	House District:	00
Ms. Mary L Landrieu				Oppose			Senate State:	LA
Calendar Year-To-Date Per Election for Office		1	41339.38		Disbursem 2014	ent For: Other (sp	Primary	eneral
Full Name of Payee					Dat		c Distribution/Dissemina	ition
Hannah J Landry						M = M	/ D D / Y Y	Y Y
Mailing Address 1110 N	Coolidge					10	02 2014	
	Cooliage				Am	ount		
City		State	Zip Code		$ \Gamma$		87.	50
Gonzales		LA	70737				D: 51554fe8-7800-4fb6- ursement or Obligation	,a
Purpose of Expenditure Salary			Category/ Type	001		10	02 / 2014	
Name of Federal Candidate	e			Support	Office Sou	ıght:	House District:	00
Ms. Mary L Landrieu				Oppose	Pres	sident	Senate State:	LA
Calendar Year-To-Date Per Election for Office			141339.38	8	Disbursem 2014	ent For: Other (sp	Primary	eneral
_								
(a) SUBTOTAL of Itemized	Independent Expenditures.				· - _	-	98.60)
(b) SUBTOTAL of Unitemize	ed Independent Expenditure	es						
(c) TOTAL Independent Exp	penditures				•		1 1 7 1 1 7	
Under penalty of perjury I c with, or at the request or su party committee) any political	ggestion of, any candidate	or authorized						
Ms. Emily Bucha	nan	[Electroni	ically Filed]	Date	M M M	/ 04	2014	
Signature								

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 85 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Hannah J Landry			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 N Coolidge			Amount
City	State	Zip Code	11.10
Gonzales	LA	70737	Transaction ID : f240f617-a7a1-4cbb-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 / 02 / 9 9 9
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	.,.,	141339.38	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			10 02 7 2014
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	40.00
Searcy	AR	72149	Transaction ID : 886de3de-05f0-40a4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		124660.54	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		51.10
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Scl	hedule E)	XI LIVE	TOTILO				PAGE 86 OF 107 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Arr	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Dat	a of Dubli	c Distribution/Dissemination
	Benjamin Hernandez				Dai	M M M 10	/ 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 915 E Market Ave				Am	ount	
ŀ	City Sta	ate	Zip Code				25.20
		ıR	72149				ID: f72cba09-2ace-4ae2-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		10 M	02 / 2014
I	Name of Federal Candidate		<u>'</u> ;	Support	Office Sou	ght:	House District:00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	24660.54		Disbursem 2014	ent For: Other (sp	Primary
Γ	Full Name of Payee				Da	te of Publi	ic Distribution/Dissemination
	James Tatro					10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1208 Braeburn Rd	-					02 2011
					Am	ount	
ŀ	City Sta	ate	Zip Code				80.00
		IC	28211		Trar Da	saction II te of Disb	D: f2ebf2fd-54b0-480d-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10	02 2014
	Name of Federal Candidate			Support	Office Sou	ıght:	House District:00
	Ms. Kay Hagan		X	Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		345688.9	9	Disbursem 2014	nent For: Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				· •	-	105.20
(b) SUBTOTAL of Unitemized Independent Expenditures				· •		
(c) TOTAL Independent Expenditures				•		
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M	/ 04	/ Y Y Y Y Y Y 2014
	Signature		_				

Sc	hedule E)	PAGE 87 OF 107 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
_		
	James Tatro	te of Public Distribution/Dissemination
	Mailing Address 1208 Braeburn Rd	nount
ŀ	City State Zip Code	7.20
	Da	ansaction ID : be244f50-72a7-4251-a te of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office Sou	ught: House District:00
	Ms. Kay Hagan Oppose Pres	sident State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
Γ		te of Public Distribution/Dissemination
1	Chris McCoy	10 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1025 Cayley Ct	
1	An	nount
ŀ	City State Zip Code	110.00
	Da	nsaction ID : 57aebfb4-bb5d-4552-9 te of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 02 / 2014
ľ	Name of Federal Candidate Support Office So	ught: House District: 00
	Ms. Kay Hagan Oppose Pre	sident State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	117.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
W	Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or early committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

Schedule		TI EXI END			PAGE 88 OF 107 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Observativity [04 10 10 10 10 10 10 10	V		M file d a s	-M / D D / Y - Y - Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
	e of Payee McCoy				of Public Distribution/Dissemination
Mailing A	ddress 1025 Cayley Ct			Amour	
City		State	Zip Code		17.40
High Poi	nt	NC	27260		action ID : 17904f7c-4397-4f01-a of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	M	10 02 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	Hagan		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	3	45688.99	Disbursement 2014 Of	t For:
	e of Payee	_		Date of	of Public Distribution/Dissemination
Daniei	le McCoy			M	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	ddress 1025 Cayley Ct				
				Amou	nt
City		State	Zip Code		110.00
High Poi		NC	27260	Transa Date of	ction ID: 48a8d07f-7c9c-4c0d-8 of Disbursement or Obligation
Salary	of Expenditure		Category/ Type 001		10 02 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay	Hagan		Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	7	345688.99	Disbursemen 2014 O	t For:
(a) SUBTO	OTAL of Itemized Independent Expenditur	es		•	127.40
(b) SUBTO	OTAL of Unitemized Independent Expend	itures		•	7 1 7 1 7
(c) TOTAL	. Independent Expenditures			•	7
with, or at	alty of perjury I certify that the independ the request or suggestion of, any candid nittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	10	04 / 2014
Signatu	re				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	v report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle McCoy	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	Amount
City State	Zip Code 15.60
High Point NC	27260 Transaction ID : 708b438b-2339-4b19-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 10 10 02 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Eleanor McCoy Mailing Address 4902 Catawba Dr	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y 10 02 2014 Amount
City State	Zip Code 110.00
Greensboro NC	27407 Transaction ID : 9374e8a3-375c-4506-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 10 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	125.60
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······
	tures reported herein were not made in cooperation, consultation, or concert prized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 10 04 2014
Signature	

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······································	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Eleanor McCoy	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr	Amount
City State Zip Code	16.50
Greensboro NC 27407	Transaction ID : 95d72c93-e5ad-499c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
Full Name of Payee	
Xavier Miller	Date of Public Distribution/Dissemination 10 02 2014
Mailing Address 407 randall Dr	Amount
City State Zip Code	90.00
Searcy AR 72143	Transaction ID : b98ceb4f-9152-4323-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 02 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	106.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 04 2014
Signature	

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OF

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Schedule E)	TOLITI EXILITO			PAGE 91 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour rep	port X New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
	51t	JIL Allielide lepe	It filed on	
Full Name of Payee ERIC TABARY			Date of Pul	olic Distribution/Dissemination
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		70.00
METAIRIE	LA	70003		n ID : 7b88293c-b1ca-4b6f-a
Purpose of Expenditure Salary		Category/ Type 001	M 10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	41339.38	Disbursement For: 2014 Other (Primary
Full Name of Payee Eric Wilson			Date of Pu	blic Distribution/Dissemination
Mailing Address 907 Randall Drive			10	02 2014
907 Randall Drive			Amount	
City	State	Zip Code		90.00
Searcy	AR	72149	Transaction Date of Dis	ID: a9320ec2-498b-4345-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		124660.54	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	conditurae			150.00
(a) SUBTUTAL OF REHILZER HIGEPERGENT LA	enalures			160.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7 7 7
(c) TOTAL Independent Expenditures			>	7 1 7 1 7 1
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 04	
Signature		_		

Schedule E)	INT EXI END	HONES	PAGE 92 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			10 02 2014 Amount
O'th-	01-1-	7:- 0-1-	05.00
City Shelby	State NC	Zip Code 28152	85.00 Transaction ID: 5d124c43-4e1e-4d78-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 De la constitución de la cons
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		345688.99	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			10 02 2014 Amount
City	State	Zip Code	26.10
Shelby	NC	28152	Transaction ID : d7c40c81-8297-414d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	345688.99	Disbursement For: Primary General 2014 Gther (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 111.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 2014
Oignature			

Schedule E)	IN EXICIO	TIONES	PAGE 93 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination
,			10 02 7 2014
Mailing Address 600 W Vine Ave			Amount
City	State	Zip Code	90.00
Searcy	AR	72143	Transaction ID: c55f9e0a-db4f-43b4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 DD Z Z014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		124660.54	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Stuart T Haley			10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 W Vine Ave			Amount
City	State	Zip Code	82.50
Searcy	AR	72143	Transaction ID : a3e933fe-fd27-47dd-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		124660.54	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expendit	tures		. ▶ 172.50
(I) OUDTOTAL (III II I			1111111111
(b) SUBTOTAL of Unitemized Independent Exper	naitures		· -
(c) TOTAL Independent Expenditures			
	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04 7 2014

Schedule E)	PAGE 94 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	olic Distribution/Dissemination
Stephanie L Heun	02 / 2014
Mailing Address 8026 S Wilwood Dr Apt 101 Amount	
City State Zip Code	40.00
Oak Creek WI 53154 Transaction	n ID: c5fa786e-b3ab-4e59-8 bursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 10	/ D D / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary
	olic Distribution/Dissemination
Michael Vidrine	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street Amount	
City State Zip Code	50.00
	ID: 977c0ffb-f863-4d2c-9 bursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 10	02 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	r
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 04	

Schedule E)	iiti EXI EIID	1101120		PAGE 95 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Michael Vidrine			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		23.10
Ville Platte	LA	70586		n ID: 9519aedd-663e-46b1-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Carl Brent			M = M 10	/ D D / Y Y Y Y Y Y Y 2014
Mailing Address 6718 Lake Willow Dr				02 2017
			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70126	Transaction Date of Dis	ID: 4314973a-7b36-44d5-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: 2014 Other (Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	103.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	2 1 2 1 2
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	10 04	
Signature				

Schedule E)	EXI EIID			PAGE 96 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Davis				
Full Name of Payee Carl Brent			М	Public Distribution/Dissemination O 02 2014
Mailing Address 6718 Lake Willow Dr			Amount	
City	State	Zip Code		8.10
New Orleans	LA	70126		ction ID: 99d12840-d626-4b71-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	0 02 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	1	141339.38	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee Christine Stevens				Public Distribution/Dissemination
Mailing Address 100 Asbury Ct				0 02 2014
<u></u>			Alloun	
City	State	Zip Code		70.00
Winchester Purpose of Expenditure	VA	22602	Date of	tion ID: e2429437-a60e-4f8e-8 Disbursement or Obligation
Salary		Category/ Type 001		0 02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	141339.38	Disbursement 2014 Oth	For: Primary ⊠ General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	S			78.10
(,,				7 7
(b) SUBTOTAL of Unitermized Independent Expenditu	res		• •	4
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		04 2014
Signature		_		

Schedule E)	LXI LIIDII OIIL			PAGE 97 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New report	Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Jazmine d Conner			M = N	
Mailing Address 100 ASBURY CT			Amount	02 2014
City	tate Zip Cod	Δ		60.00
	VA 22602			on ID : f7e63853-8dae-4dc2-b hisbursement or Obligation
Purpose of Expenditure Salary	Catego Ty	ory/ vpe 001	M 10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu	>	Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	141339.3	3	Disbursement Fo	or: Primary X General · (specify) ▶
Full Name of Payee			Date of P	Public Distribution/Dissemination
Jon E Conner			10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City S	tate Zip Cod	le		60.00
Winchester	VA 22602			on ID : 88eef304-7b1a-485e-b Disbursement or Obligation
Purpose of Expenditure Salary	Catego Ty	ory/ vpe 001	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	14133	39.38	Disbursement Fo	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			.	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	3		·	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate comparty committee) any political party committee or its age	or authorized committ			
Ms. Emily Buchanan	[Electronically File	ed] Date		04 2014
Signature				

Schedule E)	PAGE 98 OF 107 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼				
Women Speak Out PAC C c00530766					
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y				
Full Name of Payee Rodney O Culbreath	olic Distribution/Dissemination				
Mailing Address 100 Asbury Ct Amount	02 2014				
City State Zip Code	70.00				
	h ID: a406218d-d6bc-4548-9 bursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001 10	02 / 2014				
Name of Federal Candidate Support Office Sought:	House District: 00				
Ms. Mary L Landrieu Oppose President	Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary ⊠ General specify) ▶				
	olic Distribution/Dissemination				
Rodney D Culbreth	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 100 Asbury CT Amount					
3200 Dam Neck Rd	70.00				
	70.00 ID : d0987e00-8242-4d9f-8 bursement or Obligation				
Purpose of Expenditure Salary Category/ Type 001 10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office Sought:	House District:00				
Ms. Mary L Landrieu	Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary ⊠ General				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	7 7				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 10 04					

Schedule E)		1101120		PAGE 99 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Rze Culbreath	<u> </u>		M = M	c Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amount	02 2014
City	State	Zip Code		70.00
Winchester	VA	22602		ID: ef06da4b-43fd-4ae6-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Brieshauna M Stevens Mailing Address 1703 Torrey Pines Ct			Date of Publi	ic Distribution/Dissemination
City	State	Zip Code		50.00
Reston	VA	20190	Transaction II Date of Disb	D: b7d21822-fcfd-48b3-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 10	02 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		141339.38	Disbursement For: 2014 Other (sp	Primary ⊠ General pecify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	120.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date	10 / 04	2014
Signature				

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kelly Dolan	10 02 2014
	Mailing Address 543 S 2nd St	Amount
	City State Zip Code	80.00
	Bellaire NC 77401	Transaction ID : 313d62a0-ebe6-4bda-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	44400000	ursement For: Primary X General
	Per Election for Office Sought 141339.38 2014	Other (specify) ▶
	Full Name of Payee Kelly Dolan	Date of Public Distribution/Dissemination
	Mailing Address 543 S 2nd St	10 02 2014 Amount
		1000
	City State Zip Code Bellaire NC 77401	12.00 Transaction ID : 3e3a4c28-ce70-4c7a-8
	Purpose of Expenditure Category/ O02	Date of Disbursement or Obligation
	Mileage Oategory 002 Type 002	10 02 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	92.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Rebecca A Shearer	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6544 Arno College Grove Rd	Amount
	City State Zip Code	60.00
	College Grove TN 37046	Transaction ID : b410f7bb-cfc0-48c0-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	101000 54	rsement For: Primary X General
	Per Election for Office Sought 124bb0.54 2014	Other (specify) ▶
	Full Name of Payee Parker H Morrow	Date of Public Distribution/Dissemination
	Mailing Address 506 N Horton Street	10 02 2014
		Amount
	City State Zip Code	60.00
	Searcy AR 72143	Transaction ID: 2b4486f9-da1b-42e8-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 02 / 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	120.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	
	Signature	
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Schedule E)	LIVI EXPEND	TIONES		PAGE 102 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Parker H Morrow			Date of Public	: Distribution/Dissemination
Mailing Address 506 N Horton Street			Amount	02 2014
City	Ctata	7in Codo		27.20
Searcy	State AR	Zip Code 72143		37.20 D : 2d7509d4-8fc5-43c7-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	10,1000 54			Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Kaitlyn B Allen Mailing Address 2121 Daniel Dr			10	02 / 2014
Mailing Address 2121 Daniel Dr			Amount	
City	State	Zip Code		100.00
Searcy	AR	72143		: bcff998e-bf2e-40a7-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	02 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	124660.54	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures			137.20
			7	
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 04	2014

Schedule E)	PAGE 103 OF 107 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed or	n
Full Name of Payee Kaitlyn B Allen	Date of Public Distribution/Dissemination
Mailing Address 2121 Daniel Dr	10 02 2014 Amount
City State Zip Code	90.90
Searcy AR 72143	Fransaction ID : 8fcd5df3-a3e4-4138-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark I. Prvor	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
Amelia Brackett Mailing Address 804 Roundabout Circle	Date of Public Distribution/Dissemination 10 02 7 2014 Amount
City Code	400.00
City State Zip Code Searcy AR 72143	ransaction ID : 98967936-88c5-4c54-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark I. Pryor	President State: AR
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	190.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	04 2014
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeffrey Hampton	10 02 / 2014
	Mailing Address 1700 E Part Ave	Amount
	City State Zip Code	51.50
	Searcy AR 72149	Transaction ID : c6617daa-de84-4874-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	40,4000 54	ursement For: Primary X General
	Per Election for Office Sought 124660.54 2014	Other (specify) ▶
	Full Name of Payee Jeffrey Hampton	Date of Public Distribution/Dissemination
	Mailing Address 1700 E Part Ave	10 02 2014
		Amount
	City State Zip Code	44.91
	Searcy AR 72149	Transaction ID: 1b2d9157-9b12-4cf5-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 02 7 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	96.41
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 04 2014
	Signature	

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Schedule E)		101120	<u> </u>	PAGE 105 OF 107 OR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼	
Women Speak Out PAC				00530766	
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Elizabeth M Moore			M = M /	Distribution/Dissemination	
Mailing Address 1223 Silver Sage Dr Apt 303			Amount	30 2014	
City	State	Zip Code		12.50	
Raleigh	NC	27606		: 59623046-cd63-4726-b ement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	09	30 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		X Oppose	President X	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	3	45688.99	Disbursement For: 2014 Other (spec	Primary	
Full Name of Payee Elizabeth M Moore			M = M /	Distribution/Dissemination	
Mailing Address 1223 Silver Sage Dr Apt 303			09 Amount	30 2014	
City	State	Zip Code		3.39	
Raleigh	NC	27606		5c8ba63a-55c9-41ff-8 ement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	09 /	30 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		Oppose	President X	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	, , ,	345688.99	Disbursement For: 2014 Other (spec	Primary X General	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expendit	ures		>		
(c) TOTAL Independent Expenditures			>		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 04	2014	

Sc	chedule E)	PAGE 106 OF 107 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed or	n
Т		Date of Public Distribution/Dissemination
	Daniel E Collison	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3315 Cardinal Ridge Rd	Amount
ŀ	City State Zip Code	20.00
	Greensboro NC 27410	Transaction ID : f91e9d78-6be3-4793-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 02 7 2014
Ì	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
		Date of Public Distribution/Dissemination
	Daniel E Collison	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 3315 Cardinal Ridge Rd	10 02 2014
Ì	- 0010 Odramar Mago Na	Amount
Ì	City State Zip Code	2.10
		ransaction ID : de161c1f-3e9f-4241-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 02 / 2014
Ì	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For:
((a) SUBTOTAL of Itemized Independent Expenditures	22.10
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, coarty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	04 2014
	Signature	